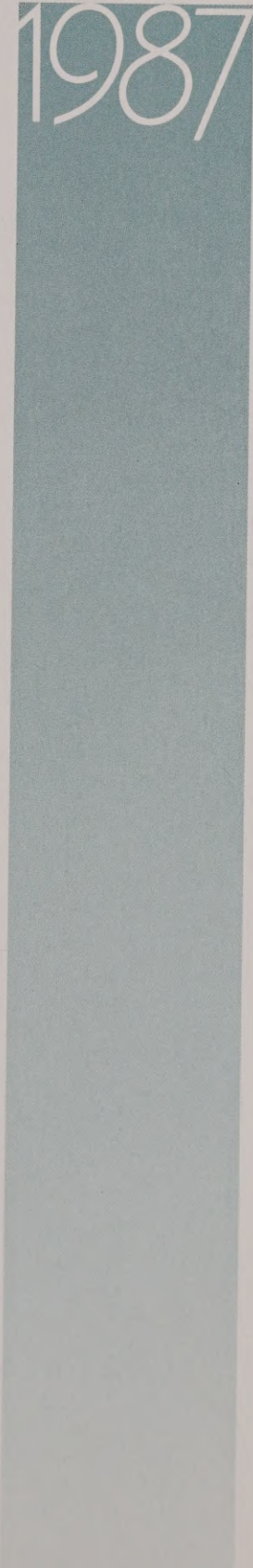


N E D H C o r p.

Annual Report

1987



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About the Deaconess

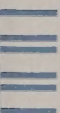
The New England Deaconess Hospital is a 489-bed specialty-referral, tertiary care facility, the third largest hospital in Boston, and a major teaching hospital of Harvard Medical School. Its 15-building complex is located in the Longwood Medical Area near the medical school and other health care institutions with which it shares several joint programs, research efforts, and staff.

Traditionally known for its work in cancer, diabetes, heart disease, and kidney transplantation, the Deaconess has in recent years gained additional recognition for excellence in general medicine and nutritional support, and for its expanding organ transplantation program.

The hospital prides itself on providing outstanding medical and surgical services, on the excellence of its medical and nursing staffs, and the talent and dedication of its 3,000 employees. The hospital is known as well for its teaching programs for young physicians; its commitment to nursing education, including School of Nursing and nursing research programs; and other training programs in the allied health sciences.

Research conducted at the Deaconess includes basic science and clinical research in areas such as: hematology, immunology, infectious disease, nuclear medicine, nutritional metabolism, oncology, pathology, peripheral vascular disease, pulmonary medicine, radiation therapy, surgical metabolism, and transplantation.

While committed to teaching and research, the hospital's primary mission is patient care. At the Deaconess, the patient always comes first. Deaconess people strive to provide the best possible patient care, combining excellence in medical services with personalized, understanding, and attentive support.



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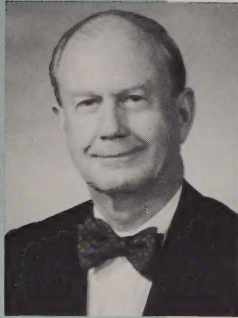
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New
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Chairman's Message



As you read President Laurens MacLure's message, you will understand the extraordinary impact that changes in the financing of the health care delivery system have wrought at the Deaconess. They are serious; so you will understand why I have chosen to repeat the well-known observation, "The difficult we do immediately. The impossible takes a little longer."

During 1987, our employees, medical staff, and management have been dealing with the difficult and facing the seemingly impossible. In this, they are following a Deaconess tradition. In the early days, I am told, the founders of the hospital did not accept the view of the skeptics, who said doctors and patients would not follow the hospital out to "the country." In the 20s and 30s, pioneering physicians like Dr. Elliott Joslin and Dr. Richard Overholt followed their own visions, rather than the prevailing views, in advancing treatments for patients with diabetes and lung disease, respectively.

Today, Deaconess and its people are again in the forefront of tackling "the impossible" in many areas of patient care, teaching, and research—including AIDS care, the managing of body and mind through behavioral medicine, and many other forms of medicine and surgery.

In my experience, what has always set Deaconess people apart is their willingness to take on the impossible. This manifests itself in a variety of forms: a Triage Unit nurse who saved the life of a 9-year-old boy who fell into a swimming pool at her apartment complex during the summer; groups of employees who take on extreme physical challenges to help raise money for a child with leukemia, or to fight a disease like multiple sclerosis; Operating Room teams who perform marathon liver transplants whenever a suitable donor organ is available, regardless of how little time may have elapsed since the previous procedure.

These are not simply acts of kindness or job performance. They are not just acts of altruism or heroism. They are a combination of responses to everyday events and responses to extraordinary circumstances that seems to be the common fabric from which Deaconess people are made. Because this ethic is so pervasive, it might be easy to take it for granted. That would be unfair to all those members of the Deaconess family who have gone out of their way to make the impossible seem manageable, and to make the merely difficult seem all in a day's work.

In these times of "doing more with less," the Deaconess ethic becomes even more important, and is more gratefully appreciated. It is not easy to care for an even sicker inpatient population; it is not easy to keep the same number of buildings clean and neat. It is not easy to attract and retain excellent employees and staff. It is not easy to build a professional staff, a needed service, a replacement facility with all that entails—more nursing care, more radiology needs, more lab work, more of almost everything. It is not easy to plan for the future in an ever-changing industry. It is not easy to engage in non-stop fundraising.

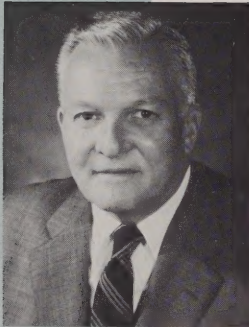
Because of the efforts of everyone—President MacLure and other members of management, chiefs of service and members of the medical staff, and all employees—the Deaconess's tradition of the highest quality patient care remains undiminished. Because of the efforts of everyone, the Deaconess has been able to balance the need to do more with tight resources, managing the difficult and working on the impossible.

On behalf of the trustees, I want to express our gratitude to the entire Deaconess family for the care and extra effort they have taken to reduce costs and enhance efficiencies. We join them in their determination to maintain the unique quality of Deaconess patient care.

A handwritten signature in dark ink, appearing to read "Colby Hewitt Jr." in a cursive style.

Colby Hewitt Jr.
Chairman

President's Message



The past 12 months have been among the most challenging in our 91-year history. An extraordinary concurrence of internal and external factors contributed to a seriously adverse financial situation, which we weathered in the year just ended. Underscoring our ability to move forward from these events are this institution's underlying strengths and a commitment to work together to create the kind of health care facility that will not only survive, but flourish in the years ahead.

Fiscal 1987 opened on a very encouraging note, following the outstanding financial results of 1986. We had projected a modest continuation of the favorable trends of rising admissions and declining lengths of stay; these trends had been our experience over the last five years and had led to last year's record bottom line.

Unfortunately, our expectations were not to materialize. The simultaneous impact of several unrelated circumstances—many of which were of a non-recurring nature—had a tremendous collective effect on our bottom line.

Two of the most significant occurrences were a decrease in discharges and an increase in length of stay. Discharges declined by 6.0 percent, costing us \$5.0 million in revenues. At the same time, average length of stay rose from 10.1 days last year to 10.7 days in 1987. This resulted in increased expenses of \$1.6 million.

Other unrelated factors compounded the problem. Due to a change in the weights assigned to various illnesses by the Health Care Financing Administration (HCFA), while real intensity increased by 2.1 percent, Medicare payments did not reflect this increase, resulting in lost revenues of \$1 million. Additionally, an adverse shift in our payor mix, reflecting a decrease in patients covered by Blue Cross and other charge-based payors, combined with the adverse impact of existing federal and state reimbursement formulas, further reduced revenues by \$6.7 million. The preceding items, coupled with the effects of lower admissions and longer lengths of stay, resulted in an operating loss for the Deaconess Hospital of \$14.3 million. Finally, several adjustments to our reserves and a non-cash charge to expenses—reflecting the one-time cost of an early retirement program offered to qualified employees—increased the hospital's loss by \$9.1 million. While not significant in terms of our final result for 1987, all non-hospital operations were positive.

The sum and substance of these unfortunate events is that net revenues, reflecting fewer discharges, amounted to \$130,986,000, down substantially from budgeted projections. Meanwhile, expenses of \$154,404,000, driven by increased lengths of stay, exceeded projections. The result was a loss of \$23,418,000 for the year for NEDH Corp.

Once these negative trends became apparent, management took immediate steps to reduce expenses. These efforts consisted of instituting a selective hiring freeze, developing a new program designed to reduce length of stay, and offering the early retirement incentive program mentioned above. In addition, we have appointed a steering committee, chaired by Richard Lee, executive vice president, to implement productivity programs and assess new marketing opportunities. The committee also will review clinical programs that could be modified or eliminated without compromising our commitment to patient care.

We believe that these actions will result in expense reductions of at least \$10 million in fiscal 1988. Meanwhile, we are addressing our need to increase admissions. Although this program is longer-term in nature, we believe that admissions will increase modestly in the coming year.

In spite of these aggressive efforts, the outlook for fiscal 1988 is uncertain at this time, since it is dependent on a sequence of unresolved external factors that will have major impact on our revenues. The master contract between Blue Cross and the hospitals of Massachusetts expired on September 30, 1987, as did the state laws governing hospital reimbursement. Until these two unknowns are resolved, more than half our revenues cannot be predicted with any degree of certainty.

Meanwhile, Congress and HCFA continue their perennial debate over Medicare payment rates, capital reimbursement methodology, and medical education reimbursement. Since none of these issues has been resolved at this writing, our Medicare revenues remain uncertain as well.

These major unknowns, which severely affect our ability to run a hospital and provide high-quality health care, are part of a pressing industry-wide problem. To a degree unparalleled in virtually any other sector of American business, our fate is not in our hands. Only with strong leadership from both Washington and Beacon Hill can we avoid a fiscal crisis in 1988 and in the years beyond. The ground rules for hospital payments must be fair and not subject to violent fluctuations every two or three years. Otherwise, our nation's excellent health delivery system will deteriorate very rapidly in the years ahead.

In spite of these difficulties, we moved ahead on several fronts in 1987. We filed a Determination of Need application for a new patient care facility to be located on the site now occupied by Harris Hall, the doctors' parking lot, and the storefront block on Brookline Avenue. This new building will include replacement beds for those in Palmer and Baker, new operating rooms, and new diagnostic radiology facilities. While this project is essential to ensure our future, we will have to proceed prudently and in keeping with our financial circumstances.

The organization of our full-time medical staff was consolidated into a new subsidiary called Deaconess Professional Practice Group, Inc. It includes three divisions: Deaconess Medicine, Deaconess Surgery, and Deaconess Radiology. We believe that this new organizational format will provide greater flexibility and other advantages to our hospital and doctors.

Among the many other significant developments of the year are the following:

- ▶ Major increases in research funding, including grants for studies of colorectal cancer, blood clotting, and organ transplantation. Over the past five years, research grants have increased from \$2 million to almost \$22 million.
- ▶ The discovery that a genetically engineered growth factor can regulate human white blood cell production.
- ▶ The establishment of a new section on behavioral medicine within the Department of Medicine.
- ▶ The opening of a branch of the Medical East Community Health Plan, a Blue Cross-affiliated HMO, at the Deaconess.

Details on each of these events can be found in the Highlights section of this report.

The Joint Commission on Accreditation of Healthcare Organizations visited the Deaconess in October 1986, and in April of this year we received word that we were given three years' accreditation, the maximum possible. This is an important reaffirmation that our foremost activity, the care of patients, has received the blessing of the industry's standard-setting organization.

Two long-term members of the medical staff retired during the past year: Lyman H. Hoyt, M.D., following 58 years of membership on the Deaconess staff; and Carl S. Hoar, M.D., after 30 years of service. Both always have been dedicated to the care of their patients and to our hospital. We shall miss them.

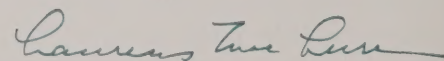
There were several changes in the board of directors and management during the past year. Foster L. Aborn was elected a director. President of the investment and pension sector of John Hancock Mutual Life Insurance Company, he will be a valued addition to our distinguished board of directors. He replaces Marvin G. Schorr, who retired after reaching the maximum years of service as a director under our bylaws. Marvin has been chairman and a member of almost every committee of the board of directors or the hospital during many years of service. He will retain several committee memberships, and we are pleased that he will continue to provide invaluable advice and guidance.

In addition, Curtis Smith joined management as a senior vice president. He comes to us from Harper-Grace Hospitals in Detroit and replaces Peter Campisano, who retired in 1986.

It is a difficult task to manage an urban teaching hospital in the current environment. The financial dynamics are very complex and constantly changing. Added to this is the need to adjust programs and staffing to a rapidly changing and increasingly competitive marketplace.

However, despite the disappointing results from 1987, the underlying strengths of the hospital have never been greater. We continue to enjoy an excellent market position and image of superior health care. Our greatest resource, however, is the people who collectively comprise New England Deaconess Hospital, and whose continued support and understanding we value: our dedicated employees and medical staff; our trustees and corporation members; and our volunteers, including the Friends of the Deaconess, who give so generously of their time to the patients of our hospital.

The uncertain environment for health care will continue to test us as we never have been tested before. Together, we must communicate the urgency of this message to Beacon Hill and Washington. And we must draw upon all our combined strengths and resources to ensure that, in spite of the severe financial realities that face us, we will continue to provide the highest possible caliber of health care to our patients.



Laurens MacLure
President



“Get more than one doctor’s opinion—it’s your life!”

When Shirley Hart of Northboro was told she had rectal cancer, she was most distressed by the prospect of undergoing a colostomy, a surgical procedure in which the entire rectum is removed and the large intestine rerouted to a new opening on the abdomen.

“I had gone to my local general practitioner because I had a bloody discharge. He referred me to another doctor at the same clinic, who said that I had a growth and that it should be removed so they could see what it was. But right away he started talking about a colostomy, which frightened me,” she says.

Hart had the small growth removed for biopsy at a Boston teaching hospital, where it was found to be cancerous. She says, “The surgeon there also recommended a colostomy; he said it was the way to be sure I was free of cancer. But I just couldn’t accept that there was no other way of taking care of it. So I decided to get another opinion. My daughter called the Dana-Farber Cancer Institute for suggestions, and they gave her the names of three doctors. I decided to see Dr. Steele.”

Glenn Steele, M.D., surgical oncologist and chairman of the Deaconess Department of Surgery, told Hart that, because her disease was at an early stage, there was another way of treating her cancer. In an operation called trans-sacral resection, he would remove the area around the cancerous lesion, preserving most of her rectum. The surgery would be followed by a course of radiation therapy to destroy any remaining cancer cells.

“When Dr. Steele told me he had another way of approaching this problem I was so happy, I shed tears of joy. It was very important to me to be able to lead a normal life after the operation,” she says.

Hart’s surgery at the Deaconess went smoothly, and tests showed no evidence that the cancer had spread. After her recovery, she began a course of radiation therapy. She admits that travelling the 40 miles from her home to Boston for therapy five days a week was inconvenient, and that the radiation therapy caused some discomfort. But she also says that it has been worth all the trouble.

“Having the choice of treatment really made the difference for me,” she says. “A lot of people would have just accepted what the first doctor said, but I was determined to find another way. I would recommend to anyone in my situation to get another doctor’s opinion—it’s your life! There are many good doctors out there; you have to search for the one who’s right for you. That’s what I did, and I’m so thankful.”

Highlights of 1987

Employee attitude survey

More than 1,800 Deaconess employees, 60 percent of the total, took part in an employee attitude survey, conducted during a week-long period in November 1986. Results of the survey, distributed to departmental managers in February, showed that employees generally are satisfied with their work life at the Deaconess. However, several areas were identified by employees for the attention of management, including benefits, job demands, resource utilization, and salaries.

To address these needs, Human Resources has developed some programs—such as flexible benefits and improved recruitment and retention efforts—and has targeted others—such as earned time off—to address in the near future.

Annual meeting focuses on AIDS efforts

The 1987 annual meeting highlighted the Deaconess's role in treatment of and research into acquired immune deficiency syndrome (AIDS). Jerome Groopman, M.D., chief of hematology/oncology, discussed current scientific knowledge about the disease; the status of efforts to develop new treatments and possible vaccines; and legal and ethical issues. Those attending the meeting also viewed a videotape about AIDS treatment at the Deaconess, which featured several employees who contribute to the care of patients with AIDS.

Hematology and oncology laboratories

New research labs for hematology and oncology were built in 20,000 square feet of rented space several blocks from the hospital. The new facility is the site of research programs in blood cell growth and development, directed by Arthur Sytkowski, M.D., hematologist; and investigations into blood disorders, cancer treatments, and AIDS under Jerome Groopman, M.D., chief of hematology/oncology.

Behavioral medicine section

A new section on behavioral medicine was established at the Deaconess, directed by Herbert Benson, M.D. Behavioral medicine integrates modern medical techniques with self-help treatments to strengthen the natural healing capacities of mind and body. Its programs focus on the application of the relaxation response, a physiologic state of profound rest, to treatment of stress and related problems such as cardiovascular disease, headache and other pain, digestive disorders, and cancer.

Joan Borysenko, Ph.D. (center), leads mind/body group participants in practice of the relaxation response, a state of deep rest that helps alleviate the effects of stress.





A new hematology/oncology laboratory contains modern facilities for research into cancer, blood disorders, and AIDS. It features special containment areas for safe handling of the AIDS virus.

Medical East division opens at Deaconess

Medical East Community Health Plan opened its first Boston location at the Deaconess. Medical East is a staff model health maintenance organization affiliated with Blue Cross/Blue Shield of Massachusetts. The Deaconess division, located in the Lowry Medical Office Building, is staffed by a full-time medical director and a panel of Deaconess staff physicians, providing both primary care and specialty services. Medical East uses the hospital's ambulatory care, radiology, laboratory, and other support services. Members needing inpatient care come to the Deaconess, except for pediatric and obstetric patients who are referred to other Longwood Medical Area hospitals.

Research funds continue to increase

Research funding in 1987 rose to \$21,868,408 in direct cost dollars, compared to \$13,072,000 in 1986. Important research awards during the year include the following:

- A prestigious MERIT (Method to Extend Research in Time) award from the National Heart, Lung, and Blood Institute, to Jack Hawiger, M.D., Ph.D., chief of experimental medicine, extending support for his research into blood clotting for up to 10 years.
- A \$3 million, three-year grant from the National Cancer Institute to Glenn Steele, M.D., chairman of the Department of Surgery, for research into the development of and possible new treatments for colorectal cancer.
- A \$2 million grant from the National Institute for Allergy and Infectious Disease to the division of organ transplantation under Anthony P. Monaco, M.D., for efforts to modify the immune system's response to transplanted organs and to develop pancreas islet cell and small bowel transplants.

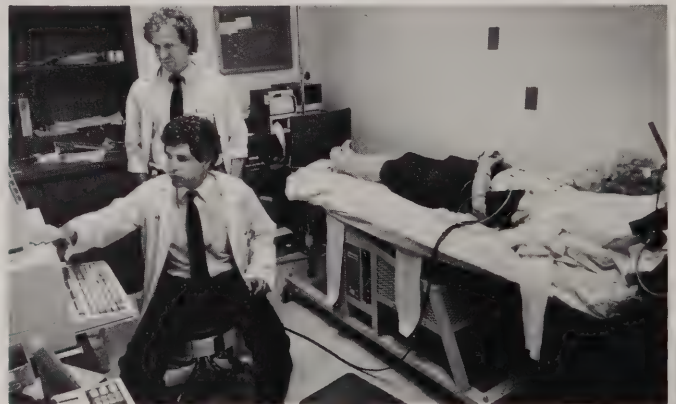
These awards bring the total number of current research grants to 132, and 231 clinical protocols currently are active.





Above: Nurse interns work closely with staff development instructor Jane Beaulieu, R.N. (second from left), to become oriented to their new roles as staff nurses.

Right: Lawrence Friedman, M.D., general medicine fellow (standing), and Roy Freeman, M.D., neurologist, use a computer to analyze tests performed in the autonomic function lab.



Preadmission programs help reduce length of stay

Preadmission testing programs made an important contribution to length of stay reduction. Many patients scheduled for surgical or diagnostic procedures had preoperative examinations and lab tests done as outpatients and were admitted to the hospital the day of their procedure. Preadmission ordering of diagnostic tests and consultations has been added to further reduce avoidable delays in care.

Clinic for Inherited Diseases

This clinic within the general internal medicine section offers information, counseling, and diagnostic screening for adult patients concerned about inherited illnesses. In addition to counseling people with family histories of Huntington's disease, neurofibromatosis, cystic fibrosis, and muscular dystrophy, the clinic also is available to patients with conditions such as heart disease, high blood pressure, cancer, and diabetes who have relatives that are similarly affected.

Institute for Reconstructive Surgery

This new specialty clinic within the division of plastic surgery treats patients with deformities resulting from surgery for cancer and other illnesses, from burns (including radiation therapy burns), or from accidents or injuries. The core staff of plastic surgeons is supported by experienced specialists in tumor surgery, otolaryngology, oral surgery, thoracic surgery, gynecology, and urology.

Continued leadership in anesthesia safety

Ellison C. Pierce Jr., M.D., chairman of the Department of Anaesthesia, received a special citation from the U.S. Food and Drug Administration for his leadership in patient safety, particularly for organizing the Anesthesia Patient Safety Foundation.

New programs within the Department of Anaesthesia include the use of narcotic injections through epidural catheters for improved postsurgical pain management and a new clinical research effort, focusing on patients with diabetes and on those undergoing cardiothoracic surgery or liver transplantation.

Nurse internship program

A nursing internship program, established by the Department of Nursing, helps new graduate nurses make a smooth transition into the role of staff nurse through orientation classes, support, and the guidance of experienced nurse preceptors. The first three-month program, which concluded in August, trained six interns and included 16 preceptors. The Deaconess program is the only one of its kind in Boston.

Study shows promise of blood growth factors

Jerome Groopman, M.D., chief of hematology/oncology, directed a research project that showed the promise of blood-cell growth factor GM-CSF (granulocyte-macrophage colony stimulating factor). The study, reported to the American Society for Clinical Investigation and published in *The New England Journal of Medicine*, described how doses of the genetically engineered hormone dramatically increased white blood cell levels in patients with AIDS. The results indicate that GM-CSF and related hormones may have the potential to revolutionize treatment for some cancers, infections, and diseases affecting the bone marrow, as well as AIDS.

Autonomic function lab

One of only a few laboratories in the country to offer testing of the autonomic nervous system was established within the neurology section. Problems with the autonomic system—which controls such “automatic” functions as heart rate, blood pressure, breathing, sweating, and digestion—can be caused by diabetes, alcoholism, Parkinson’s disease, AIDS, or several neurologic and psychiatric disorders, or they may be side effects of medication. The lab’s staff offers computer analysis of a battery of standard physical tests, a consulting service, and plans to begin testing experimental drugs.

Radiation Therapy tests new treatment modalities

The Joint Center for Radiation Therapy, comprised of the Deaconess and four other Longwood Medical Area institutions, continued its major research into hyperthermia, the use of heat to destroy cancer cells. Clinical trials have begun of “trimodal” therapy, which combines hyperthermia with radiation and chemotherapy. The Joint Center also received state approval for replacement of the linear accelerator (radiation machine) located at the Deaconess. A new, state-of-the-art machine will be installed in 1988.



Jane Erskine, R.N., preadmission coordinator (right), interviews a patient scheduled for admission to the hospital. Preadmission programs, through which patients have lab tests and examinations as outpatients, help reduce delays in patient care.



Expansion of the Pathology lab computer system has brought terminals for test result printouts into the recovery room (left) and the operating rooms.

Interdepartmental projects investigate new methods of diagnosing, treating cancers

Two joint projects between the Departments of Surgery and Radiology are aimed at improving the treatment and diagnosis of some common forms of cancer. The first uses intraoperative ultrasound to identify liver metastases (secondary tumors) during colon cancer surgery. If metastases are present and cannot be removed surgically, ultrasound again is used to guide the insertion of a probe for cryosurgery (destruction of tissue by freezing). This still-experimental technique has shown promising results.

In a five-year, nationwide study, the effectiveness of high-resolution transrectal ultrasound for detection of prostate cancer is being compared with the traditional digital rectal examination. The Deaconess is one of seven centers in the U.S. and Canada to participate.

Pathology expands consultation services

Because of the sophisticated services offered by the Department of Pathology, the Deaconess laboratories have become a regional and national reference resource. During the year, reference services were provided to more than 90 institutions and private physicians. Surgical pathology consultations also increased, with services provided to more than 20 states and several foreign countries.

The laboratory computer system, which expedites the ordering and reporting of essential tests, has expanded to include additional terminals in such areas as the operating rooms and recovery room.

New warehouse for materials storage

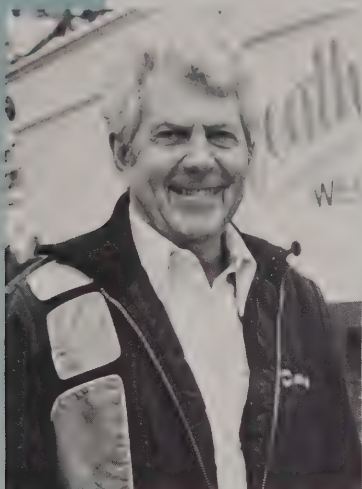
Rented warehouse space in Roslindale afforded the hospital significantly more room for storage of supplies and equipment. New materials handling and distribution systems included the use of exchange carts regularly stocked and replaced with a unit's standard supplies. An analysis of the hospital's storage needs will lead to a strategy for more effective, economical materials storage.

Fundraising programs have outstanding results

The 1987 Annual Appeal, the most successful ever, raised more than \$319,200, which will be used to purchase magnetic resonance imaging equipment. The Deaconess Associates program, which encourages gifts of \$500 or more to the annual appeal, expanded to 141 participants. The Friends of the Deaconess continued their essential support with donations totalling almost \$109,800 to the hospital and School of Nursing.

The Deaconess development programs also include corporate gifts, special purpose gifts, and bequests. This year a major bequest of \$3 million had an important impact on the hospital's fundraising success, bringing the total raised to more than \$4.7 million, an all-time high.

“Compared to the surgery, this was nothing at all.”



Robert Doherty of Weymouth has first-hand experience of the changes in heart disease treatment of the past decade. He first was diagnosed with angina (pain caused by blockages of the blood vessels supplying the heart) in 1976.

“I was really surprised, because I was in pretty good physical shape; I worked hard and swam and exercised. I had these sharp pains in my left arm—never in my chest—and no one was able to figure out what they were. One day it was so bad, I knew I was in trouble so I drove myself to the South Shore Hospital. They told me I was coming within a whisker of a heart attack, although I never actually had one.”

After a brief hospitalization, Doherty was referred to Nasser Nabi, M.D., a Milton cardiologist, who administered a stress test. “I failed,” Doherty says. “I’d walked on that treadmill for only a couple of minutes when my arm started to just sing with pain. Dr. Nabi sent me to the Deaconess for a catheterization.”

The cardiac catheterization, a diagnostic procedure that produces images of the inside of the heart and its blood vessels, showed partial blockages in two of Doherty’s coronary arteries. Deaconess cardiac surgeon Mian Ashraf, M.D., performed a double coronary bypass, using veins from Doherty’s leg to

create a new blood supply around the blocked vessels.

“After the operation I felt great,” Doherty says. “I was fine for about three years, then I started to have the pain again.”

The same process that produced the original blockages in Doherty’s arteries was now clogging at least one of the bypass grafts. Because scar tissue from his first operation would have made a second bypass very difficult, Doherty’s cardiologist prescribed treatment with medications to thin his blood and relieve the angina pain. But over the years, the pain grew worse, until even increased dosages of medication brought no relief.

“Dr. Nabi suggested I go back to the Deaconess for another catheterization and they found there were three blockages. Two arteries were partially blocked and one of the original grafts was completely closed. Dr. Healy [Deaconess cardiologist Robert Healy, M.D.] told me they could try to open those blockages up another way—with angioplasty.”

In angioplasty, a catheter tipped with a tiny balloon is threaded through a major blood vessel and into the clogged artery. The balloon is inflated to compress the material in the blockage and open the blocked vessel. Because it is a less invasive, nonsurgical procedure, angioplasty patients are not hospitalized nearly as long as bypass patients. Doherty came into the hospital early in the morning for the angioplasty, stayed overnight, and was ready to go home the following afternoon. Within a week he was back at work.

“They were able to open up all three blockages,” he says. “And now I feel just fine; there’s no pain. Compared to the surgery, this was nothing at all. It’s exciting to see the changes that have come in the years since I had the bypass. Without surgery they can go in and open the arteries up; I think that’s really something.”

Financial and Statistical Highlights

NEDH Corp. and Subsidiaries Consolidated Balance Sheets

September 27, 1987
and September 28, 1986

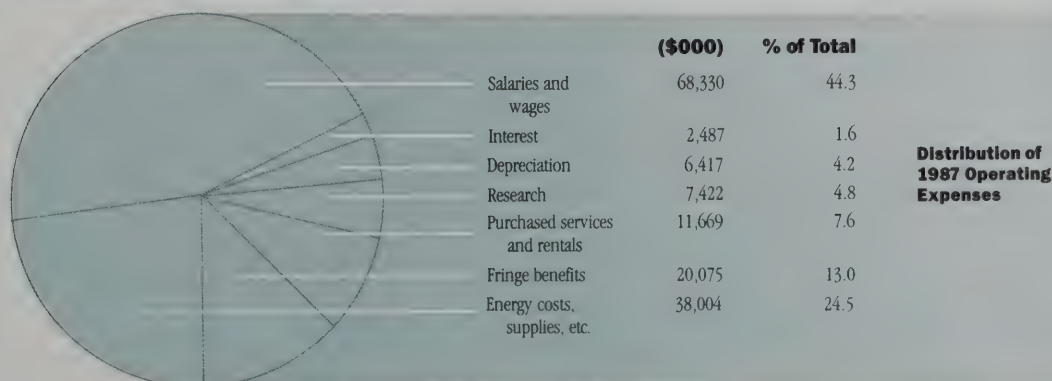
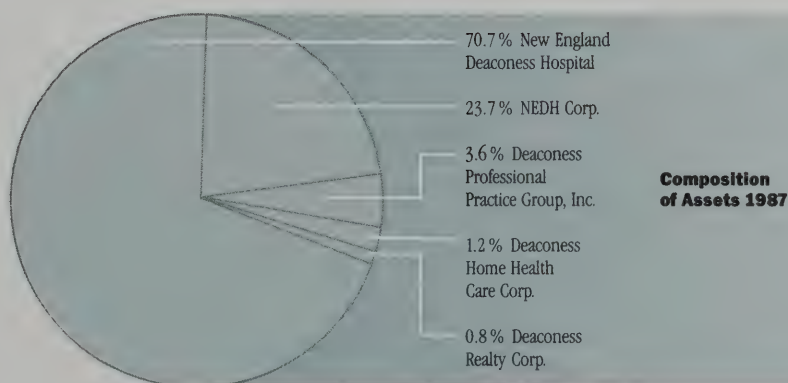
Assets	\$000	
Unrestricted funds	FY 1987	FY 1986
Current assets	\$ 69,492	\$ 41,955
Trustee designated assets	11,799	19,664
Property, plant, & equipment (net)	54,643	51,566
Total	\$ 135,934	\$ 113,185
Restricted funds		
Special purpose funds	\$ 15,629	\$ 13,073
Endowment funds	13,385	12,354
Plant replacement & expansion funds	4,496	692
Total	\$ 33,510	\$ 26,119
<i>Total Assets</i>	<i>\$169,444</i>	<i>\$139,304</i>

Liabilities		
Unrestricted funds		
Current liabilities	\$ 64,105	\$ 33,012
Other noncurrent liabilities	6,237	1,000
Supplemental retirement benefits	7,307	1,470
Long-term debt	21,936	22,746
Fund balances	36,349	54,957
Total	\$ 135,934	\$ 113,185
Restricted funds		
Liabilities and fund balances	\$ 33,510	\$ 26,119
<i>Total Liabilities and fund balances</i>	<i>\$169,444</i>	<i>\$139,304</i>

NEDH Corp. and Subsidiaries Statement of Revenue and Expenses

September 27, 1987
and September 28, 1986

	\$000	
Net revenues	FY 1987	FY 1986
Patient care	\$ 126,768	\$ 135,798
Real estate	1,297	1,256
Investments	2,921	2,236
<i>Total net revenues</i>	<i>\$130,986</i>	<i>\$139,290</i>
Operating expenses		
Patient care	\$ 153,170	\$ 132,077
Real estate	805	780
Other	429	246
<i>Total operating expenses</i>	<i>\$154,404</i>	<i>\$133,103</i>
<i>Excess (deficiency) of revenue over expenses</i>	<i>(\$ 23,418)</i>	<i>\$ 6,187</i>



NEDH Corp. and Subsidiaries Financial Highlights

			\$000		
	1987	1986	1985	1984	1983
Net revenues	\$130,986	\$139,290	\$121,845	\$116,141	\$103,636
Operating expenses	\$154,404	\$133,103	\$120,668	\$110,949	\$100,796
Excess (deficiency) of revenues over expenses	(\$ 23,418)	\$ 6,187	\$ 1,177	\$ 5,192	\$ 2,840
Accounts receivable—net	\$ 39,916	\$ 30,736	\$ 22,333	\$ 18,311	\$ 16,399
Property, plant, & equipment (net)	\$ 54,643	\$ 51,566	\$ 44,071	\$ 40,159	\$ 38,863
Long-term debt	\$ 21,936	\$ 22,746	\$ 15,121	\$ 10,577	\$ 11,078
Total unrestricted assets	\$135,934	\$113,185	\$ 88,977	\$ 75,225	\$ 68,659

Operating Statistics Fiscal Year 1987

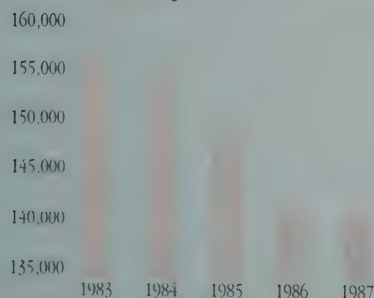
Compared to Fiscal Year 1986

	FY 1987	FY 1986
Occupancy	78.7 %	79.2 %
Discharges	13,107	13,916
Patient days	140,027	140,960
Average daily census	384.7	387.3
Average stay (days)	10.7	10.1
Surgical procedures	6,274	6,092
Surgical minutes	1,505,028	1,290,661
Radiological procedures	77,714	71,097
Radiation treatments	20,393	21,683
Laboratory units	44,580,113	43,858,692
Outpatient visits	67,511	59,131

Discharges



Patient Days



Average Length of Stay (Days)





“I don’t think I would be here today if it weren’t for the transplant. And I certainly never would have had Andrew.”

Having had diabetes from the age of three, Francie Bockoven knew that she was at risk for many serious complications. She had successfully undergone treatment for eye problems in her early 20s, but her hope for avoiding kidney disease (another common diabetic complication) ended when symptoms of kidney failure began several years ago.

“Dr. Kaldany [Antoine Kaldany, M.D., nephrologist] admitted me to the Deaconess, and they found that my kidneys were failing. They explained what my options were: dialysis or a kidney transplant,” she says. “At first, neither option sounded particularly inviting. But my family got together and decided that one of them—whoever was the best match—would donate a kidney for transplantation. So I was spared the problem of having to ask someone to be my donor.”

Bockoven’s brother proved to be the best match, and the surgery was scheduled. Everyone hoped that the transplant would take place before Bockoven’s kidneys completely failed; however, her condition deteriorated so rapidly that several dialysis sessions were necessary before the surgery. Her recovery also was complicated, and she was hospitalized at the Deaconess for nine weeks before returning home with her husband, John.

“I really had a pretty miserable time in the hospital, but everyone I met at the Deaconess

was wonderful,” she says. “All the nurses in the renal unit were fantastic. Pat [Patricia Conway, R.N., transplant clinician] was really supportive to both me and John, and Dr. Monaco [Anthony Monaco, M.D., chief of organ transplantation] was great.”

Once recovered from her surgery, Bockoven felt better than ever. She went back to college for her master’s degree and in late 1985, about three years after the transplant, discovered she was pregnant.

“I was pretty concerned, and so was my family, about whether I’d be able to do it. But everyone at the Deaconess was encouraging, and I was followed very closely by my obstetrician and doctors at Joslin Diabetes Center. Andrew was a month early, but he was in good shape and so was I,” she says.

Today, Bockoven leads a busy life, working four days a week at the Peabody Institute in Salem and caring for 18-month-old Andrew. She believes that the kidney transplant saved her life. “Dialysis would not have been a good option; it just didn’t seem to work well for me. I don’t think I would be here today if it weren’t for the transplant. And I certainly never would have had Andrew.”

NEDH Corp.

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1988 Annual Meeting

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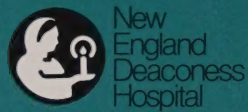
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